

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

November 25, 2014

Ms. Paula Patorti, Administrator
Our House Too Residential Care Home
69 1/2 Allen Street
Rutland, VT 05701

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 29, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/29/2014
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

OUR HOUSE TOO RESIDENTIAL CARE HOME 69 1/2 ALLEN STREET
RUTLAND, VT 05701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite re-licensing survey and a complaint investigation on 10/29/14. The following regulatory violations were cited as a result.	R100		
R149 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (6) Maintain a current list of all treatments for each resident that shall include: the name, date treatment ordered, treatment and frequency prescribed and documentation to reflect that treatment was carried out; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to maintain a current list of treatments for 1 sampled resident (Resident #1). Findings include: Per record review on 10/29/14 at 10:35 AM, there was no written treatment plan to address a skin tear for Resident # 1. The wound was received on 10/24/14. Per interview with the House Manager, there is nowhere in the clinical record to document the dressing change, nor is there a written treatment plan beyond the physician's standing orders.	R149 R149	In a meeting with managers on 11/4/14 and a meeting with RN's on 11/19/14 it was discussed and understood that any "wound" requiring a dressing change must be added to the treatment sheet with details for care. RN will be responsible to place such instruction on the treatment sheet - manager will monitor for accuracy.	11/19/14
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services	R179		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6800

EU0211

If continuation sheet 1 of 3

R149, R179 POC's accepted 11/24/14 RRemblayRN/pmc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/29/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OUR HOUSE TOO RESIDENTIAL CARE HOME

69 1/2 ALLEN STREET
RUTLAND, VT 05701

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R179	<p>Continued From page 1</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to demonstrate competency in skills related to infection control for 1 sampled resident (Resident # 1). Findings include:</p> <p>Per observation on 10/29/14 at 9:35 AM, a care giver failed to change his/her gloves or sanitize hands between dirty and clean procedures. After cleansing Resident #1's wound with gloved hands and touching the area adjacent to the wound with both hands, the caregiver continued to change the dressing without changing out of the contaminated gloves or sanitizing hands. The</p>	R179	<p>AT a mandatory In-Service on 11/18/14 All Caregivers were retrained on proper use of PPE (including gloves) and universal precautions -</p> <p>Med Competency checks do include proper use of Gloves and universal precautions, manager and RN will observe, and monitor staff methods on a case by case basis.</p>	11/19/14

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NAME OF PROVIDER OR SUPPLIER OUR HOUSE TOO RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 69 1/2 ALLEN STREET RUTLAND, VT 05701		
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R179	Continued From page 2 caregiver then touched several items in the resident's room and in the facility common area with the soiled gloves. This observation was confirmed by the House Manager who was present during the observation and also by the caregiver after the dressing change was completed.	R179		